

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AD	75331	
O.I.P.E. CLASSIFIER			5-16-16-00
FORMALITY REVIEW	CH	71632	11/17/00
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
Final	
Original	
1	8/20/00
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	0
9	0
10	0
11	0
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	0
19	✓
20	✓
21	✓
22	0
23	0
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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